

United States Bankruptcy Court for the Northern District of Iowa Mercy Hospital, Iowa City, Iowa c/o Epiq Corporate Restructuring, LLC P.O. Box 4420 Beaverton, OR 97076-4420	For Court Use Only
Name of Debtor: MERCY HOSPITAL, IOWA CITY, IOWA Case Number: 23-00623	
	For Court Use Only

ADMINISTRATIVE CLAIM

04/16

This form is for making an administrative claim for payment in a bankruptcy case.

NOTE: This form should be used only by claimants asserting an administrative claim (a) arising between August 7, 2023 and February 1, 2024 (including these beginning and ending dates) or (b) under Bankruptcy Code section 503(b)(9). IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO AUGUST 7, 2023 OR AFTER FEBRUARY 1, 2024 (EXCEPT FOR CLAIMS ARISING UNDER BANKRUPTCY CODE SECTION 503(B)(9)), AND SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO TREATMENT IN ACCORDANCE WITH 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim arises under Bankruptcy Code section 503(b)(9), include documentation demonstrating that the Debtors received the applicable goods within 20 days before August 7, 2023. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Part I: Identify the Claim		
1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim): <u>Johnson County, Iowa</u> Other names the creditor used with the debtor: _____		
2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Where should notices to the creditor be sent? Johnson County Treasurer Name 855 S Dubuque Street, 3rd Floor Number Street Iowa City IA 52240 City State Zip Code Country (if International): _____ Contact phone: <u>319-356-6087</u> Contact email: <u>sfinlayson@johnsoncountyiowa.gov</u>		4. Does this claim amend one already filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims register (if known) _____ Filed on _____ 5. Do you know if anyone else has filed a proof of claim for this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ _____
Where should payments to the creditor be sent? (if different) Name Number Street City State Zip Code Country (if International): _____ Contact phone: _____ Contact email: _____		

Part 2: Give Information About the Claim

6. Do you have any number you use to identify the debtor?

☒ No

☐ Yes.

Last 4 digits of the debtor's account or any number you use to identify the debtor:

____ _

7. How much is the ADMINISTRATIVE CLAIM:

\$ undetermined

Does this amount include interest or other charges?

☐ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

☐ Goods sold

☐ Services performed ☐ (See attached)

☐ Money loaned

☐ Personal injury/wrongful death

☒ Taxes

☐ Other (describe briefly)

Part 3 Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Administrative Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Administrative Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/14/2024 16:52:21

Nathan Henry Peters

Signature

Print the name of the person who is completing and signing this claim:

Name Nathan Henry Peters

First name

Middle name

Last name

Title Assistant County Attorney

Company Office of the Johnson County Attorney

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 S Clinton St, Suite 400

Number

Street

Iowa City

City

IA

State

52240

Zip Code

Contact Phone 319-339-6100

Email npeters@johnsoncountyiowa.gov

Treasurer	Name	Parcel #	FY2023 Estimte	FY2022 still due	Total	Comments
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010166009	\$ -			
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010165001	\$ -			
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010432002	\$ -			
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010432003	\$ -			
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010432004	\$ 1,376.00		\$ 1,376.00	
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010165006	\$ -			
X	Mercy Facilities, Inc.	1010166010	\$ 153,634.00	\$ 66,930.00	\$ 220,564.00	Property not conveyed to Iowa Board of Regents yet
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010431001	\$ 288,830.00		\$ 288,830.00	
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010404002	\$ -			
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010404003	\$ -			
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010432001	\$ -			
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010426002	\$ -			
X	IOWA BOARD OF REGENTS FOR THE U/B/O UNIVERSITY OF IOWA	1010404001	\$ -			
X	Mercy Facilities, Inc.	1010166008	\$ -			Property not conveyed to Iowa Board of Regents yet
Total			\$ 443,840.00	\$ 66,930.00	\$ 510,770.00	No delinquent taxes as of 3/7/2024